



Private Applicator Restricted Use Pesticide Summary Report

Print in ink or type unless otherwise noted. Retain a copy for your records.

This form must be submitted on or before January 31st for pesticide applications made during the preceding calendar year.

DEP USE ONLY

Date: _____

Part I: Applicator Information

1. Name and Address of Applicator:

Name:

Home Address:

City/Town:

State:

Zip Code:

Phone:

ext.

Fax:

Certification No. PA-

☐ Please check here if your home address has changed since your last submittal.

2. Name and Address of Business (if applicable)

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

E-mail Address:

Contact Person:

Title:

☐ Please check here if your business address has changed since your last submittal.

Part II: Reporting Period

1. This report covers the period from January 1, _____ to December 31, _____

2. ☐ Check this box if ***no Restricted Use Pesticides were applied*** during the above reporting period. If so, you must still complete and submit the remaining parts of this form, with the exception of Part III.

Part III: Restricted Use Pesticide Record

Name of Applicator:							
Certification No.:		Year of Restricted Use Pesticide Applications :					
Date of Application (mo/day/yr)	Common Name of Pesticide	EPA Product Registered No.	Amount of Pesticide Used Before Diluting (Check gal or lbs)	Type of Crop	Site of Application (Field ID)	Total Amount Acreage or Sq. footage Treated	Place of Application (Street Address and Town)
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				
			<input type="checkbox"/> gal <input type="checkbox"/> lbs				

☐ Check here if additional sheets are necessary. You may reproduce this sheet and attach the additional sheets to this sheet.

Part IV: Certification of Accuracy

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute."

Signature of Applicator

Date

Mail completed Private Applicator's Restricted Use Pesticide Summary Report to:

PESTICIDE MANAGEMENT PROGRAM
BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127